

# WASHINGTON COUNTY EMPLOYEE EMERGENCY INFORMATION

Full Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_

Street Address:

Mailing Address: (if different)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City State/Zip Code

City State/Zip Code

Home Phone #: \_\_\_\_\_ Cellular Phone #: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Work #: \_\_\_\_\_

## **NOTIFY IN CASE OF EMERGENCY:** (please list two people)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cellular Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cellular Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Today's Date: \_\_\_\_\_